

THE ALKALOIDAL CLINIC.

VOL. II.

JULY, 1895.

No. 7.

THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

THE ABBOTT ALKALOIDAL COMPANY, Publishers
RAVENSWOOD, CHICAGO, ILL.

Subscription Price:

United States and Canada, \$1.00 per year, in advance.
Single Copies, 10 cents.

WITH THE EXCEPTION of now and then a sample copy as an invitation to subscribe, THE ALKALOIDAL CLINIC will only be sent as paid for. If you miss it some month see if your subscription has not expired.

LETTERS on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKALOIDAL CLINIC for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of interest to our readers along this line will be answered through our columns. We expect these to add much of interest to our pages.

OUR AIM is to make this journal an informal interchange of thought and experience between those interested in Alkaloidal medication.

SPECIAL NOTICE—A blue check mark in this paragraph indicates that your subscription expires with this issue and is an invitation to you to renew promptly. THE CLINIC is only sent as long as paid for.

Address as Above.

Entered at the Chicago Postoffice as second class matter

EDITORIAL CHAT.

WORK AND WORRY.

In this depressing season of the year when physicians are seeking "much-needed rest" in various ways, and others are wishing they could do so, a few remarks on the above topic may not be out of order, and we trust that the following, adapted from an old scrap-book article, the author of which is not known, will have its lesson for all our readers. We are a hard-worked profession but overwork is impossible so long as the effort is natural. The use of stimulants in aid of work is, perhaps, one of the commonest forms of collateral influence suspending the warning sense of exhaustion. When the laborious worker, overcome with fatigue, "rouses" himself with alcohol, coffee, tea or any other agent which may chance to suit him, he does not add a unit of force to his stock of energy, he simply narcotizes

the sense of weariness, and the guard being drugged he appropriates the reserve.

The cause or condition which most commonly exposes the reserve of mental energy to loss and injury, is worry. The tone and strength of mind are seriously impaired by its wearing influence, and if it continue long enough, they will be destroyed. It sets the organism of thought and feeling vibrating with emotions which are not consonant with the natural liberation of energy in work. The whole machinery is thrown out of gear, and exercise, which otherwise would be pleasurable and innocuous, becomes painful and even destructive. It is easy to see how this must be. The longest note in music, the most steady and persistent ray of light—to use an old fashioned expression—the tonic muscular contraction are all, we know, produced by a rapid succession of minute motive impulses or acts like the explosion and discharge of electricity from alternately connected and separated points in circuit; in fact, a series of vibrations. Mental energy doubtless takes the same form of development. If a disturbing element is introduced by the obstruction of some independent source of anxiety, or if, out of the business in hand, the mind makes a discord, confusion ensues and for the time being harmonious action ceases.

Working under these conditions in obedience to the will, the mental organism sustains injury which must be great and may be lasting. The function of the warning sense is suspended; the reserve is no longer a stock in abeyance, and it ceases to give stability to the mind; the rhythm of the mental forces is interrupted; a crash is always impending, and too often sudden collapse occurs. The point to be made clear is this, overwork is barely possible, and seldom, if ever, happens while the mind is acting in the way prescribed by its constitution, and in the normal modes of mental exercise. The

moment, however, the natural rhythm of work is broken and discord ensues, the mind is like an engine with the safety-valve locked, the steam-gauge falsified, the governing apparatus out of gear; a breakdown may occur at any time. The state pictured is one of worry and the besetting peril is not depicted in the lurid colors. The victim of worry is ever on the verge of a catastrophe; if he escape, the marvel is not at his strength of intellect so much as his good fortune. Worry is disorder, however induced, and disorderly work is abhorred by the laws of nature which leaves it wholly without remedy.

The energy employed in industry carried under this condition is lavished in producing a small result and speedily exhausted. The reserve comes in play very early in the task and the faculty of recuperation is speedily arrested. Sometimes loss of appetite announces the cessation of nutrition; otherwise the sense of hunger present in the system is for a time preternaturally acute, and marks the fact that the demand is occasioned by the loss of power to appropriate instead of any diminution of supply. The effort to work becomes more laborious, the task of fixing the attention grows increasingly difficult, thoughts wander, memory fails, the reasoning power is enfeebled; prejudice—the shade of defunct emotion or some past persuasion—takes the place of judgment; physical, nerve or brain disturbance may supervene, and the crash will then come suddenly, unexpected by onlookers, perhaps unperceived by the sufferer himself. This is the history of “worry” or disorder produced by mental disquietude and distraction, occasionally by physical disease.

The first practical inference to be deduced from these considerations is that brain-work in the midst of mental worry is carried on in the face of ceaseless peril. Unfortunately work and worry are so closely connected in daily experience that they cannot be wholly separated. Meanwhile the worry of work—that which grows out of the business in hand—is generally a needless,

though not always an avoidable evil. In a large proportion of instances this description of disorder is due to the lack of education in brainwork. Men and women, with minds capacious and powerful enough but untrained, attempt feats for which training is indispensable, and being unprepared, they fail. The utilitarian policy of the age is gradually eliminating from the educational system many of the special processes by which minds used to be developed. This is not, as vanity suggests, that the brain-work of to-day is so much greater than that exacted from our predecessors, but we are less prepared for its performance. The treatment of this form of affection, the breakdown from the worry of work, must be preventive; the sole remedy is the reversal of a policy which substitutes results for processes, knowledge for education. It is a serious cause of discomfiture and sorrow in work that so much of the brain power expended is necessarily devoted to the removal of extraneous causes of worry. Labor is so fatal to life, because it is so difficult to live. The deadly peril of work in the midst of worry must be confronted, because the disturbing cause can only be got rid of by persistent labor. This is the crux of the difficulty, and in the attempt to cure the evil the struggling mind finds its fate involved in a vicious circle of morbid reactions. Nevertheless, it is the fact that work in the teeth of worry is fraught with peril, and whenever it can be avoided it should be, let the sacrifice cost what it may.

The second deduction must be, that there is no excuse for idleness in the pretence of fear of “overwork.” There is some reason to apprehend that the attention recently directed to this alleged cause of mental unsoundness has not been free from a mischievous influence on minds only too ready to take refuge in any activity. If the private asylums of the country were searched for the victims of “overwork,” they would nearly all be found to have fallen a prey to “worry,” or to that degeneracy which results from lack of purpose in life and steady employment.

LEADING ARTICLES.

SOME SUMMER DISEASES.

BY WM. F. WAUGH, A. M., M. D.

Professor of Practice, Chicago Summer School of Medicine, Professor of Medicine, Chicago Post Graduate College, etc., etc.

In this broiling hot weather, one feels like writing upon the diseases that will demand our chief attention during the coming summer. Of the summer complaints, cholera infantum, etc., I hardly dare to speak, as my good friends the editors have so many times placed my views before their readers. And yet, when one has something he believes with all his mind to be true, and when he believes that the realization of that truth would save many thousands of lives, and when he yet sees these little ones dying by thousands for want of that truth, it is hard to keep quiet. Nevertheless, I ought to be satisfied, since the sulphocarbates have become the trusted weapons of many thousands of practitioners, and the testimony in favor of these salts has become so strong that only the bitterest prejudice can ignore them. But only last week I had an exemplification of the difficulty in their way. A patient at the Post Graduate College brought back her medicine, saying she could not keep it on her stomach, though the first bottle agreed very well. It proved that the supply of Mallinckrodt's salt had been exhausted and the prescription had been renewed from some of —'s sulphocarbonate, discarded since my appearance at the school. It is a pity that a firm once noted for the high standard of their goods should suffer such a miserable quality of sulphocarbonate of zinc to go out of their factory.

But my talk this month is to be on some other affections peculiar to summer. Every season we see a large number of cases commonly called sunstroke. The majority of these are really heat exhaustion. Men begin the day by imbibing a few glasses of iced water; their breakfast is washed down by copious libations of iced fluids. By the time they get to their office, they are in a

free perspiration, the skin attempting to dispose of the excessive quantity of fluid imbibed. Perspiration increases thirst, and the result is that all day long it is a race between the stomach and the skin. There are two sources of debility here: the loss of salt by the skin and the interference with digestion by the cooling of the stomach. The final result is that the man falls in a faint. He is found to be pale and relaxed, the pulse feeble, the skin cool and wet, the whole condition that of nerveless prostration. The temperature is normal or below it, the respiration oppressed and labored. What this man has is heat-prostration; what he needs is a stimulant. The best is the one most quickly obtainable; ammonia, camphor, whiskey, pepper, cologne, bay rum, or coffee. He should be put to bed with his head low, and fed carefully with small quantities of hot, nutritious soups. A hypodermic of strychnine, atropine or digitalin would give speedy relief. A granule of glonoin would answer, to be followed by brucine or the alkaloids named.

But this is not the pathogenesis in all instances. From an attentive study of numerous cases, I am convinced that in many the sweating precedes and causes the free drinking. In fact, there is a paresis of the vaso-motor nerves to begin with, by reason of which the fluid portion of the blood is allowed to escape from the vessels of the skin. This explains why, when the transudation by the skin is so free, the urine is scanty and concentrated, and the stools costive. So dry do the latter become that sometimes the patient must use mechanical means to aid the passage. In such cases I have found that any remedy will do good that will check the perspiration by stimulating the vaso-motors. The atropine group is efficient, but objectionable because these alkaloids cause dryness of the throat. Nevertheless atropine has won an undeserved reputation in the treatment of sunstroke, because it is so useful in heat exhaustion. In true sunstroke atropine is contra indicated, as it elevates tempera-

ture and causes cerebral congestion and delirium. The best remedy is agaricin, the glucoside from agaric. This agent has been used with success against the night sweats of phthisis. It checks the sweating of fat people, without drying the throat or producing any other disagreeable sensation. In fact it seems to restore the skin to its normal condition exactly, without leaving any new sensation of its own. The dose is from one-tenth to one grain; best in small doses repeated hourly, until the desired effect has been produced. This drug seems to be specially directed to the skin, as hydrastine is to the mucosa and digitalin to the heart, the effect being similar.

Another remedy that has proved useful in the same way is phytolaccin. In fact, I am inclined to believe that the effect of phytolaccin in reducing corpulence is due to its power of stimulating the vasomotors; so that phytolaccin may assist or replace agaricin in toning up the skin, while the latter may prove useful in obesity and in the gland swellings for which phytolacca has earned its reputation. While these are our best remedies, our repertory is not exhausted. We may obtain some similar relief from strychnine, brucine, hydrastine, berberine or quassin, while as a reliever of thirst, a few granules of phosphoric acid in a little water are excellent. I shall add to this the recommendation to use the cold bath frequently.

I try not to be influenced by personal feeling, but it is not easy when I speak of the cold bath, which is one of my greatest pleasures. I take a cold plunge every morning during the year, and in summer every night also. It is very unusual for any of my patients whom I may coax into the cold bath habit, to give it up. It has the fascination of morphine, but there is good reason for the habit. The pleasure of the bath is one of those healthy, manly sensations that it is good for a man to feel. It is akin to the pride of a strong man in his strength, the exultation of the victor in the athletic contest—and I like manliness. It has been found in the zoological garden

that polar animals bear heat better than those coming from the tropics. This singular fact is accounted for by the theory that exposure to cold increases the absolute vitality, the power of resisting all noxious influences; while the lack of cold tends to enervate. Hence our fellow citizens who flock to the south, at the approach of winter, thereby deprive themselves of one of the most powerful influences tending to longevity, health and vigor; and all my observations go to show that the effects of cold baths is in the same direction.

For sunstroke itself we have no remedy in granules. Persons whose kidneys are diseased must keep out of the sun at 90 degrees or over. The treatment of true sunstroke consists in the free use of cold, and liberal doses of antipyretics. Ice packs, antipyrine in 30 grain doses, bleeding if these be not at hand, are the best weapons. They must be used as soon as possible, and continued until the temperature has fallen to a safe point.

Summer convulsions require the same treatment as sunstroke, if the thermometer shows the temperature to be excessive. The dependence of children's convulsions upon the use of unwholesome food should never be forgotten, and a brisk emetic will sometimes amaze the parents by its discharges.

103 State Street.

Those who see the "Clinic" this issue for the first time will find much of interest in an article on Summer Diarrhea contributed to the July '94 "Clinic" by Dr. Waugh as well as in one from Prof. Shallar along the same line published in our June issue.

Sulphocarbolate of zinc popularized by Dr. Waugh has long since passed the experimental stage, and it only remains to get a good article and know how to use it to rob bowel decomposition of its terrors. Much of that upon the market contains free sulphuric acid and is correspondingly irritating. This can be easily removed by the manufacturing pharmacist, who grasps the situation, as he puts it into form for the physician's use; and the prescriber will find it much to his advantage to specify on prescription (or still better dispense) the product of such a manufacturer instead of writing an open prescription for the drug shop whose stock is too often determined by where they can buy the cheapest. Further valuable information on the use of the zinc salt will be

found in Shaller's Guide to Alkaloidal Medication advertised in these pages. It is a book which should be in the hands of every physician interested in advanced methods of medication.

The above article is seasonable and of great value. You will be pleased to know that the entire series contributed by Prof. Waugh during the past two years, will be republished in book form; this is rendered necessary by the active demand for back numbers which has exhausted our files.—Ed.

HYOSCYAMINE IN GALL-STONE COLIC.

BY JOHN M. SHALLER, M. D.,

Professor of Physiology in the Cincinnati College of Medicine and Surgery, and Professor of Comparative Physiology at the Ohio Veterinary College.

Mrs. B., aged 56 years and rather stoutly built, had during the past year about ten attacks of gall-stone colic. Operative interference was out of the question as the patient would not submit to it. During each attack, from gr. 1-2 to gr. 1 of morphine combined with gr. 1-75 to gr. 1-37 of atropine was given hypodermically before the acuteness of the pain subsided, and then there remained for many hours afterwards a subacute pain. The sleep that followed these attacks was filled with frightful dreams and the patient was restless and talkative. Nausea, loss of appetite and great depression of spirits accompanied these attacks, and seldom disappeared in less than two days. The after effects of the morphine were really worse to bear than the pain of the paroxysm. The remedies usually recommended in the treatment of this disease were faithfully administered without however preventing a return of the colic pains.

Finally, ten granules of amorphous hyoscyamine, gr. 1-250, were left with the patient with the instruction that, as soon as she was threatened with a paroxysm, she was to take one granule dissolved in hot water every fifteen minutes until she obtained relief. The next attack proved to be one of great severity. The patient had passed through previous severe trials with hardly a groan, but now she cried out in great agony. After three or four gran-

ules of the hyoscyamine had been taken, the acuteness of the pain had subsided and by the time the patient had taken eight granules she was resting comfortably. Hyoscyamine was used in three subsequent attacks of gall-stone colic, and in each case the pain subsided promptly and completely. There were no bad effects resulting from the use of this remedy whatever.

Physicians cling tenaciously to morphine because, when given hypodermically, it acts so quickly and effectually. The subsequent evils however are rarely considered when a patient is clamoring for relief. In treating chronic pains or recurrent paroxysms of pain, other remedies free from unpleasant after effects and free from habit forming tendency should be sedulously sought for and persistently used. A patient rarely, may it not be more truly said never, dies from the effects of pain. It is better to use some medicine not so speedy in its action as morphine, and to allow the patient to suffer a little while longer. This is particularly necessary in the case of patients of a nervous temperament, and more especially in the case of women who suffer periodically.

Physicians are sometimes called upon to treat cases when they are busy, or when social pleasures await them; they are in a great hurry, they must afford quick relief and not so much on the patient's account as on their own account. I once heard the expression used, "Well, I'll put a night cap on her pretty — quick!" If there is great press of time hyoscyamine may be given in doses of two, three or even four granules. If there is still greater hurry, hyoscyamine granules may be administered hypodermically in doses of from two to four granules. These doses are larger than are prescribed by most of those who follow dosimetry, but in practice it will be found that less than gr. 1-60 will rarely relieve severe pain. In order therefore to produce the best and quickest results, three or four granules of amorphous hyoscyamine should be dissolved in hot water and given at once, then one or two granules should be given every

fifteen minutes until relief is felt. The following method of practice would undoubtedly be wise as a substitute for the prevailing habit of giving morphine on all occasions whenever spasmodic or colicky pains are present.

Hyoscyamine should be given first. If it fails to relieve spasmodic pain, which will rarely be the case, morphine may then be given. If this method of treatment were strictly carried out, morphine would not be so frequently used, and the morphine habit would begin to decrease very rapidly instead of continuing to increase as seems now to be the case.

49 Webster St., Cincinnati.

We wish to emphatically endorse what Dr. Shaller says about the use of hyoscyamine in this condition. Its action is to dilate circular fiber, rendering more soft and patulous natural contractility, and effectually overcoming abnormal contractions. It is indicated, then, in all cases where a hard foreign substance is passing through a contractile canal. It is its action, probably, upon the vaso-motor constrictors that makes it a relief from pain. This would indicate its adaptation to such pains as are caused by congestion, and this covers nearly the entire field. Its action as a hypnotic is through its dilation of the systemic capillaries which allows the blood to leave the brain. We would urge its use in place of morphine on every possible occasion. The amorphous is probably the most desirable preparation of the plant as it contains both alkaloids, hyoscyamine and hyoscyne. The granules can be dissolved and used by injection.—Ed.

THE MALADIES OF WOMEN.

Fifth Paper.

BY W. C. BUCKLEY, M. D.

GENERAL AND SPECIAL THERAPEUTICS—
I—OF THE UTERUS. 2—OF THE NERVOUS
SYSTEM.

A case from my notes. Miss R., aged 20, had suffered for several years with uterine neuralgia, dyspepsia, diarrhea, vomiting and headache mostly in the back part of her head. Sometimes it started in the forehead, but this was connected with the eyes as she had myopia and astigmatism, both of which were corrected by proper glasses. I have been treating her for a year past for these and the other troubles, and by administering the arsen-

iates of quinine and strychnine, together with the Uterine Tonic granules, she now very seldom complains of either. She says that since she has been under this treatment she has had relief, but that for several years previous, she had suffered untold misery and medical treatment was of no avail. The nervous system no doubt contributed largely to all her sufferings.

Dr. T. C. Allbut says, speaking of the uterus: "How intimately this organ or this system (that is the uterus and its appendages) is associated with the nervous system, is well known, but unfortunately the weight of knowledge all leans one way—it leans to a curious and busy search for every local ill which may arise in the female pelvis, while blind oblivion scatters the poppy over every outer evil, which in its turn might hurt the uterus; nay more, a resolute prejudice would deny that in the woman any distress can arise which owes not its origin to these mischievous parts. The uterus has its maladies of local origin, its maladies of nervous causation and its maladies of mixed causation, as other organs have; and to assume, as is constantly done, that all uterine neuroses, or even all general neuroses in women are due to course changes in the womb itself is as dull as to suppose that the stomach can never be the seat of pain except it be the seat of some local affection, or that the face can never be the seat of tic-doloreux unless there be decayed teeth in the jaw.

All mucous membranes indeed seem readily to betray nervous suffering by relaxation (and its opposite, especially in the blood vessels connected with it) or changed secretions and I have no doubt whatever that a very large number of uterine disorders, which are elevated to the name and place of diseases of the uterine system, are but manifestations of neuroses. All neuroses are commoner in women than in men. Facial neuralgia is commoner in them, migraine is commoner; so is gastralgia, angina and pseudo-angina. Not only so, but in the uterus they possess one organ the more with its own rich nervous connections and its

own chapter of diseases and neuroses added; but to say that all these maladies are due primarily to uterine vagaries is to talk wide of all analogies.

Women, generally speaking, feel more pain than men do, patient as they are, they seem to have less reserve force and less resistance, more susceptibility and resentment and less capacity; yet there is no standard of pain, nor of men, by which you shall say this patient is a coward and his outcry is exaggerated. Men and women are variously organized as to resistance to pain and their fortitude or their despair must not be tested by their outcry, but by the other features of their characters.

The study of temperament in these cases will reveal much to the physician, influencing his diagnosis as well as his prognosis and treatment. (See these studies in connection with elements of ganglionic cerebro-spinal nerve-energy published herein and elsewhere by the writer.) Lymphatic people are generally subjects of excessive spinal innervation, are bold, aggressive and enduring in character and suffer less from pain. Nervo-bilious subjects are inclined to suffer from excessive ganglionic innervation, are easily frightened and are always inclined to look behind them for fear of harm. These phenomena are to be explained by the connections of the reflex nervous system with that of the sensorimotor centers of the sensorium.

The temperament that shows mildness, sweetness, gentleness, that is afraid to hurt others, in that it loves to do good, is the one that bears toil and endures pain. On the other hand, the temperament of violence, of love of self, and of impetuous nature, is of the opposite kind. The first can easily be cured of disease, comparatively speaking. Gelseminine, a ganglionic sedative, is well adapted to a large majority of pathological conditions, mainly those depending primarily upon derangement in the ganglionic nervous system, and secondarily upon derangement in the vascular system by which passive congestions are produced, but here

it must be given in small doses; for active congestions which occur most from spinal or cerebro-spinal innervation or excess, hyoscyamine or atropine may serve as types of the proper remedies to employ.

In diseases of an emotional nature, the effects of grief and other neurotic disturbances, the pulse often becomes feeble and the respiration irregular with occasional deep sighings; if the shock has been deep other functional troubles are likely to follow such as disorders of the liver and stomach and muscular weakness, either with confused or weak vision. Dull headache is usually present involving generally the forehead; the head feels hot; the occiput, in some cases, may be the center of pain. Here strychnine, or strychnine hypophosphite may be alternated with the gelseminine or gelsemin, whichever one may have been selected.* The alkaloidal granules of these remedies are most suitable because prompt and reliable. Sunstroke (excuse the digression), vertigo, cerebro-spinal meningitis, apoplexy, incomplete paralysis with consciousness unimpaired, are all relieved by gelseminine. Alcoholic intoxication is also benefited by gelseminine. Strychnine in some of its preparations comes in necessarily at some stage or condition of almost all of these cases. Of course glonoin, cuprum or some of its preparations, cyclamine,† and aconitine in this class of diseases are often of great value.

723 Berks St., Philadelphia.

The above article, in continuation of Dr. Buckley's series of papers on the "Maladies of Women," is of particular value, dealing as it does with the treatment of actual cases. One point should be noted, that Dr. Buckley seldom gives combination remedies. The nearer we come to understanding the therapeutic

*I have lately been using gelseminine and have found this article very satisfactory. The gelsemin probably covers a wide field of usefulness, but I am not perfectly sure of this as yet.

†Cyclamine is an analogue of anemonin, and in large doses is an active cerebro-spinal incitant. It acts especially upon the uterine motor nerves and in minute dosage is curative in certain troubles arising from malnutrition in the organs of sight and hearing as well as those connected with the disordered innervation of the utero-genital system.

tic action of the remedies we apply, the more frequently will we depend on one alone. Combination should never be made unless there is a clear comprehensive understanding of the why and the wherefore.—Ed.

THE SCIENCE OF THERAPEUTICS.

Second Paper.

BY RICHARDS GRAY, M. D., PH. D., F. S. D. M.

Fellow of the Dosimetrie Institute of London and Paris; also member of the Circle Dosimetrique, Paris, and Fellow of the Chicago Medical and Surgical Society (Eclectic).

In the consideration of a comparatively new idea and method it behooves us to give the mind free scope, to consider frankly and, when convinced of its value, to be ready to embrace any advance discovered either in preparation or practice.

We should always keep before us the distinct features of each department of medical science; the intimate relationship between physiology and pathology; their bearing upon disorder and disease, so that right impressions may be conveyed and that definite statements may be made at any time so far as needful.

The inquiry, "What is dosimetry?" is both legitimate and healthful. What advantages does it possess over present methods, as to value, precision or success? We reply, it is that practice of medicine in which the active principles are employed, instead of the preparations of the entire plants themselves, administered in small doses, mathematically measured and scientifically adapted to the various abnormal conditions. It is the outcome of long years of study by the illustrious Burggrave of Ghent. During the last quarter of a century it has been ably and boldly promulgated not only by himself but by numerous well known and fore-front physicians in Europe, America, India and various other countries. These men, after their examination of the theory and principles, as well as his success in application, gave him (and still continue to give) their earnest and loyal support because of its superior advantages over all other methods extant, especially in acute diseases.

By it not only is much suffering pre-

vented, and life saved, but health is maintained and life is prolonged. One-fifth of the physicians of France are dosimetrists and 15,000 of the most advanced and influential physicians of Europe and America declare their adhesion.

Quietly, surely and rapidly it is becoming recognized by the "Faculty" as an absolutely safe, accurate, scientific and reliable method. Its application restores harmony to the disordered system in less time than other methods, because of the recognition by the physician of functional disturbance.

What benevolence and wisdom shine out in the wonderful agents found in nature, which a kind Providence has scattered for the science of his creature, man; that, by means of these, serious complications in the system may be prevented and cures effected when disease attacks with rapidity and spreads with violence. Dosimetry leans on physiology (experimental) which it applies to suffering humanity, leading us to anticipate, in the no distant future, its elevation to pre-eminence among all methods of treatment.

"Hirtz" said that to have scientific therapeutics we must know perfectly the physiology of the disease as well as the properties of the medicaments. We however do not consider this absolutely necessary. It suffices to appreciate its morbid manifestations.

We think the fundamental laws of this method very simple, yet very reliable. No time is lost in waiting for the development of the diseases, be they cerebral, thoracic or abdominal symptoms presenting; the dosimetric physician aims at an immediate attack on these symptoms, thus he is enabled to anticipate organic lesions, which always prove stumbling blocks and sources of anxiety, by pushing the remedy as actively as possible, say one granule of each medicament called for every ten, twelve or fifteen minutes until physiological effects are produced. By physiological effect we mean a condition of calmness instead of irritation.

The first law of dosimetry is time. To

acute diseases apply an acute treatment—that is, the more rapidly the disturbance progresses the more rapid should be its medication; in chronic diseases give at longer intervals, say in the course of the day twelve granules of the medicaments indicated.

Instance a case of cerebral congestion. Is the condition active or passive? This is a question of life and death! It may be fever. What is its nature? In such a dilemma dosimetry comes to our assistance. To combat the nervous prostration, strychnine is given; to prevent another attack, quinine arseniate; to subdue the congestion, aconitine, one granule of each, every quarter of an hour. We must also re-establish the physiological temperature; medicines are called for which act upon the tone of the vessels, some through the constrictor nerves and others through the dilators; hyoscyamine arrests spasm, strychnine promotes it; aconitine and veratrine are also serviceable. In this manner we re-establish the equilibrium.

As soon as this is done, the excitement being calmed down and the congestion dispersed, oxygenation of the red corpuscles becomes active, and the morbid venous character of the blood passes away. In a word, having been jugulated in its initial manifestations, disorder speedily ceases, because organic lesion has not had time to establish itself.

"Jugulation" does not mean to cut short at one blow, it is sufficient if we can prevent the fever affecting the organs, as we can circumscribe a fire. Mark you, it was not known until the advent of dosimetry that you could administer hyoscyamine and strychnine at the same time with the result that each assists the other in restoring harmony to the system.

Hythe, Kent, England.

(To be continued.)

How better can you invest \$1.00 than in a subscription to the CLINIC, the only purely American Journal devoted to the consideration of the subject of Alkaloidal Medication.

TYPHOID FEVER—OLD AND NEW TOOLS.

BY COLBY LAMB, M. D.

I have just been reading in the *Medical World* an interesting case of typhoid fever by Dr. J. W. Frankhauser of Temple, Pa. He very fitly and carefully describes the condition of his patient for ten days or more and gives us the full benefit of his treatment. He then informs us that his patient died, as he thinks, of heart-failure and lack of nerve force, and asks the editor for his opinion of the diagnosis and treatment. The kind hearted editor lets him down as easily as possible, saying that "some cases of typhoid fever will die in spite of any treatment." That was very kind.

Allow me to say, kindly, Dr. F., you killed your patient with treatment. You ask, "Could more have been done?" Much less should have been done. I have no doubt that you did the best you knew, with a heart full of kindness, but you were on the wrong track. It was shot-gun practice, and was quite as bad as gun-shot practice. I never thought of such a thing as giving ten drops of a deadly poison at a dose. I never give more than half a drop of tincture of nuxvomica or any other rank poison at a dose. I have used the strychnine, belladonna, veratrine, gelsemium, aconite and other poisonous remedies (and they are the best remedies that we have) for more than twenty years and have not lost a patient from any acute disease during that time. The nearest approach to it was a young man who died from concussion of the brain caused by a blow on the temple from a base ball.

My practice is very simple; I use but little medicine; I carry two cases in my pockets that I would not exchange for any drug store in the city, if I were obliged to give up my chosen remedies and resort to polypharmacy in medical practice. My medicines never disappoint me. I know just what to expect of them, and they relieve promptly and work like a charm.

Now, Dr. F., if you have not done so,

please go and subscribe for the *Dosimetric Medical Review* and the *Alkaloidal Clinic*; and get Dr. Abbott's little medical case present and study carefully these reported cases and the nature and uses of your medicines and my word for it, you will never have another such a case to report.

I will give briefly a few cases. On the seventh of September, 1894, at 11:30 p. m., I was called to Mrs. S., aged about 65 years.

Her husband begged me to go with him saying his wife could not live till morning unless she got some help. I found her sitting up in bed breathing very rapidly, and suffering very intensely from dyspnea. She could only breathe part way down in each lung, and was having chills.

I made a hasty examination and found that pneumonia was pressing hard on both lungs. So I gave her, as the dominant, aconitine and veratrine ten granules of each with eight drops of tincture of nux-vomica, in half a tumbler of water, one teaspoonful every fifteen minutes; as the variant, hyoscyamine and gelseminine, twelve of each in solution in twelve teaspoonfuls of water, a teaspoonful every ten minutes. In one hour she was better. I stayed till two o'clock, giving her the medicines regularly, when she was quite comfortable. I then discontinued the hyoscyamine and gelseminine but directed that the aconitine, veratrine and nux-vomica be continued once an hour till she fell asleep, and went home and went to bed feeling that my patient was out of danger. In the morning at nine o'clock I called and found my patient up and dressed, which I did not justify. The fever had passed off and resolution had commenced. She soon began to cough. For the cough I gave her two granules of codeine as needed. The cough troubled her for some time, but she did not keep her bed for a single day and made a good recovery. She also had a bad ulcer on her right ankle which had troubled her sorely for several years. I dressed that with Dr. Lamb's Magic Salve and it got well in about six weeks.

Was called to Mr. D., aged about 50, one

afternoon the past winter. He had been confined to the house a few days with la grippe, had the usual symptoms, headache, chills, languor and muscular pains. I prescribed aconitine ten granules in solution in half a tumbler of water with ten drops of tincture of nux-vomica, a teaspoonful every half hour till bed time or till he went to sleep, to resume it in the morning a teaspoonful every hour. Calling in the morning I found him much better and continued the medicine. Three days later he was out on his team.

My article is growing too long. I must stop and come again if this is worthy of a place in your excellent CLINIC.

Salem, Mass.

Dr. Lamb's article comes to us in good time and, coming from a man of many years' experience, should not be without its weight. We trust that Dr. Frankhauser will accept the criticism in the kindly spirit in which we know it is made and, while he may not relish all of it, that he, with many others will profit materially thereby. We are all apt to overlook the "Vis Medicatrix Naturæ" and think we are doing it all with medicine, when in fact all that medicine can do is to assist nature at weak points.

The Doctor's first case is typical of a great class that will insist on getting out of bed as soon as pain and fever stop. Had she remained in bed for a few days, no secondary congestion of the lungs would have taken place and no cough would have followed. As it was, she was fortunate to get off as easily as she did.

A word about leg ulcers that refuse to heal mainly on account of undue blood pressure. This is readily and promptly overcome by covering a proper dressing with an elastic bandage, such as is prepared by the Empire Mfg. Co. or the Superior Mfg. Co. of Lockport, N. Y. Both firms are advertisers in the "Clinic." These bandages are light and airy and should have an extended sale among our readers.—ED.

ABBOTT ALKALOIDAL CO:

The medicinal definiteness together with the pharmaceutical beauty of your alkaloidal remedies, will certainly place them on top with both doctor and patient. My recent order, your combination No. 5 advertised in the Clinic, came to hand in good shape. For me to say that I am highly pleased with this "trio," the CLINIC, Burggræve's Dosimetric Therapeutics, and the nine vial premium case, is putting it mildly. Please accept my thanks. I would not take for the case alone, what the whole cost me, if I could not get another.

—Ark.

G. W. C., M. D.

TYPHOID FEVER—ALKALOIDAL TREATMENT.

BY G. M. WASSE, M. D.

Thinking it may be a help to some of your readers, who like myself perhaps are trying to learn dosimetry, I will relate two cases from my note books, bearing upon the above subject. Case one occurred soon after I had commenced the use of the alkaloids, my use of them was therefore unskillful and largely tentative. Case two is taken from my note book later, after I had become more familiar with this method, and knew how to handle the alkaloids better.

Case 1.—A. P., a boy of 14, looks two years older. Has been sick six or seven days with diarrhea. Is extremely nervous and impatient. Temperature 103, pulse 104, gurgling and tenderness on left side of abdomen, coated tongue, has scarcely slept for several nights. Aconitine, veratrine, digitalin (standard Burggræve-Chanteaud granules), one of each every half hour. One small dose Seidlitz, milk diet, at bed time chloral hydrate 0.75 grm., potass. bromide 2.00 grms.

Second day.—Evening temperature 101. From now until the ninth day of the treatment the disease followed its usual course. The defervescent was continued in the same doses every half hour during the day and withheld during the night. The temperature ranged from 101 to 103.5. On the fifth day a granule each of aconitine, and veratrine were given every hour; digitalin and arseniate of strychnine, one of each three times a day. Diarrhea was controlled by .008 grm. morphine given about twice daily. On the seventh and eighth days there was epistaxis.

Ninth day, afternoon.—Bowels have moved twice. Temperature 104.5, pulse about 85. Has had the aconitine and veratrine every hour.

Gave acetanilid 0.3 grm. at once, and quinine sulphate 0.12 grm. with one granule .001 digitalin every four hours. Whiskey 10 grms. every four hours. The

next day the evening temperature was 102, and it ranged between this and 101 until the sixteenth day, the same treatment being continued, chloral and bromide being given at night to cause sleep.

On the evening of the 15th day the medicine was changed to half a gram of dilute hydrochloric acid; with one granule of digitalin every four hours. The next day the evening temperature was 102, and it ranged between this and 101 until the sixteenth day, the same treatment being continued, chloral and bromide being given at night to cause sleep.

On the evening of the fifteenth day the medicine was changed to half a grm. of dilute hydrochloric acid, with one granule or digitalin every four hours. On the sixteenth day the temperature fell to 98.8 and from this time to the twenty-eighth day recovery was steady. On this date he had some diarrhea with griping, which quickly yielded to arseniate of strychnine, hyoscyamine and cicutine, a granule of each every half hour.

Remarks.—It will be seen that, in the treatment of the case, one of the cardinal points of dosimetry (to push the remedy until either the desired results or the physiological effect of the drug is attained) was neglected. The defervescent alkaloids were given in what proved to be insufficient doses, and on the ninth day were abandoned for the use of acetanilid and moderately large doses of sulphate of quinine.

The case was protracted to the 28th day. If it had been treated more strictly on dosimetric principles, would it have got well sooner? Of course I don't know, but in the light of more recent cases, such as the following, I am much inclined to think so.

Case 2.—W. M., boy aged 11 years, has been sick for six days, fever, this morning epistaxis, has had bad headache, some chills. Bowels for the last few days loose several times a day. Pressure on left side of abdomen causes gurgling but not much pain, no spots. Has had a few granules of aconitine irregularly. Has also had about three doses 0.18 grm. each of quinine sulphate. Pulse 80, temperature 101.1. Def-

errescent compound No. 1, one every fifteen minutes until sweating, then every one half hour. For headache, hyoscyamine and citrate of caffeine, one of each every one half hour.

Second day.—Had the granules regularly all night except from 12 to 3, when he slept. Temperature 99.5, pulse 95. Defervescent compound No. 1 every fifteen minutes to one hour as indicated. Seven p. m., temperature 101.3, pulse 76. Bowels moved several times, more epistaxis. Same granules every fifteen minutes for awhile and cold sponging; after midnight less frequently. Four granules zinc sulphocarbonate, and repeat twice at intervals of four hours.

Third day.—More epistaxis, bowels moved three times in the night. Two doubtful spots. Takes milk well. Continue defervescent granules, one every half hour, and if necessary every fifteen minutes. Calcium sulphide, two granules every two hours. A small dose of seidlitz salts. Eleven p. m. Copious epistaxis, bowels looser. Ergotin four granules at once. Sulphide calcium two, ergotin one, defervescent compound one, every two hours; temperature 100.2, pulse 84.

Fourth day, 8:30 a. m.—A good night, bowels moved once. Continued calcium sulphide and ergotin, two of each every two hours; trinity No. 1, one every hour.

Sixth day.—No fever or diarrhea. Tongue a little coated yet. Continue one of trinity and two of calcium sulphide three times daily.

From this point recovery was rapid and complete.

Remarks.—This sixth day of the treatment was probably the eleventh of the disease. Considering the diarrhea, fever and repeated epistaxis, I don't think there can be any reasonable doubt that this was typhoid fever.

This most excellent contribution has been on hand for some time. Its publication has been deferred in the hope that an opportunity would be given to discuss, at some length, not only the merits of the article but metric weights and measures in accordance with a letter which accompanied the article, and is published

in the miscellaneous department. An important lesson is taught by the above and the whole story is told by the Doctor's apt remark following his first case. Unless this principle is carried out, alkaloidal medicaments are simply better than others on account of their purity but have no opportunity to exercise their especial curative functions. Dr. Wasse has now learned by experience how to hew to the line and we hope for further reports from his carefully kept note book.—Ed.

A HARD CASE.

BY CYRUS F. CROSBY, M. D.

Lady aged 32; married; mother of one child three and one-half years old; of good family. No history of phthisis nor cancer, tall and spare, small shoulders, deep grey eyes, auburn hair. When confined, she says her physician said she had puerperal fever with peritonitis. At any rate she has had no health since.

When I first saw the case, a year and a half ago, the symptoms were as follows: pain and tenderness in region of stomach and hepatic enlargement with tenderness on pressure. She could not lie on her left side on account of smothering, and a sensation of something falling from right to left. There was some pain and tenderness in the lower pelvic region, obstinate constipation alternated with diarrhea, and irregular catamenia with the characteristic "ball in the throat." The skin was inelastic, with cool extremities and evening fevers; she had slight cough with no expectoration, yellow sclera and badly decayed teeth. Her urine was variable in quantity, color, reaction and specific gravity; but gave a constant heavy deposit of the earthy phosphates. The microscope revealed at times a few hyaline casts with perverted epithelial cells; at others none, but no albumen. There was pain and tenderness over the left kidney. Examination per vagina revealed a healthy os but there was slight hypertrophy of the uterus.

The first thing I did was to extract a hatful, more or less, of decayed teeth and "old snags"; following this I put her on a treatment partly alkaloidal and partly, well, partly first one thing and then another.

The fact was I hardly knew where to begin except to pull the teeth. After this, I used brisk counter irritation over the liver till I got a good crop of pustules, then I kept them out. I relieved the smothering with strychnine arseniate, gr. 1-134 and quinine hydrofer. gr. 1-67, a granule of each every two hours. The fever yielded nicely to aconitine, gr. 134, a granule every one to three hours as required. I neglected to state that the pulse was constantly 100 and over, and weak and irregular. This was relieved by digitalin, gr. 1-67, strophanthin, gr. 1-500, two granules of each every three hours, aided by the strychnine and quinine as above. For the congestion of the portal circulation I gave arseniate of soda, gr. 1-67, with the strychnine; for the constipation cascara sagrada straight, but had I known then what I now know I should have given her Waugh's Laxative. For the nervousness and irregular catamenia I gave specific tincture of pulsatilla, twenty drops, specific tincture of macrotys, two drams, with water sufficient to make four ounces, a teaspoonful every three hours.

Yes, she took all of the above and actually improved. I don't know what the outcome would have been for just at this stage of the case, I left for Chicago to attend lectures and the case fell into another physician's hands. I was told that he told her she had consumption of the liver and that there were many small tumors on the outside of her womb; that he could see them through the vagina—actually see them with his eyes and feel them with his fingers; how he managed to do all of this I am not going to say. At any rate he gave her a "wash" and a "purgative" but, in spite of all, she gradually grew worse and, when I returned in the spring, all the symptoms were greatly increased. I took my case again, wise (?) doctor that I now was and, of course, was going to have her well, necessarily.

I treated her all summer and got all the wind knocked out of me. I had given up all hope of curing her and had advised her to "change climates", "go west" or do

something, which, as you know, is a kind of professional way of giving a case up, but I could not get her off my hands, she persisted in the belief that I could cure her; I could not get her to call counsel nor change physicians, so I kept on, but the fact of the matter was, I was just trying to keep from killing her, without any thought now of doing her good.

This was the latter part of September. At this time I wrote Dr. W. C. Abbott of Chicago, giving him the symptoms of the case and, on his suggestion, she was put on the following treatment—a treatment that I had already tried, more or less, but never in just such a combination: Strychnine arseniate, gr. 1-134, quinine hydrofer., gr. 1-6, a granule of each together every two hours; dilute hydrochloric acid, fifteen or twenty drops in hot water after each meal; a good dose of seidlitz salt every morning before breakfast and every other night to flush the bowels with a gallon of hot water containing a tablespoonful of salt. Much moral suasion and encouragement to get up and hustle. To this I added Micaja's Uterine wafers, one every other night, followed by copious vaginal douches of hot water. What do you think was my surprise to see the case begin to improve at once.

Thanks to the kindness and skill of our champion of alkaloidal medication, Dr. Abbott, the case continued to improve rapidly and permanently, and a month ago she moved away almost well, showering blessings upon the "little pills" and the "hot water". I have not heard from her but feel sure she is doing all right, as she took a good supply of medicine with her.

I leave you to diagnose the case and get whatever is of any value to you out of the treatment. I write this only with hope that it will help some other brother out of the mire.

Little Red, Ark.

This report from Dr. Crosby is particularly gratifying. The idea carried out in the treatment suggested was that this woman was suffering from auto-infection from the alimentary canal with its attend-

ant complications and that the condition was dependent upon or at least attended by excessive ganglionic inactivity. It is believed that the results of the treatment instituted sustain this theory, and we congratulate Dr. Crosby in carrying it out so persistently and successfully.—Ed.

SCABRITIES.

BY W. H. MERRIMAN.

On March 6th, '95, Eva C. aged six years, was brought to me for examination and treatment. She had been through the hands of several physicians. The child had a marked thickening of the nails (scabrities). Could scarcely wear shoes nor button her clothes. Her second heart-sound was nearly absent and her heart was irregular. She complained of pain in the umbilical region and had at times severe frontal headache. At other times she insisted that she was well. There was undue enlargement of the abdomen without inflammation of the lymphatics. One doctor had given "approaching womanhood" as the cause of her trouble but there were no external indications of the sort. From a babe she would often sit for hours without moving.

For the swelling I gave bryonin, and to steady the heart, digitalin. The thickening of the nails (scabrities) improved slightly and the pain was relieved. In the meantime I wrote to Dr. Abbott regarding the case and he directed strychnine arseniate and quassin, one each, before meals; and two of arsenic sulphide between meals and at bed time. Under this treatment the nails grew, plenty of life came and she became a healthy, active child. From this case I got new patients, got my pay and thanks besides.

Plymouth, Mich.

NUCLEIN.

Judging from the frequent calls for and the many inquiries about nuclein, many of our readers are becoming interested and not a few are trying this drug. We should be pleased to receive reports for the columns of the CLINIC.

METALLIC ELECTROLYSIS.

(Continued from May issue.)

BY C. S. NEISWANGER, PH. G.

Professor of Electro-Physics, Post Graduate Medical School of Chicago.

When the writer prepared his article for the June number of the CLINIC, he had not yet seen a copy of the May issue containing the article on Metallic Electrolysis with foot-note by the editor. This foot-note (seen in June issue) brings to the writer's mind the fact that he had promised a continuation of this subject, and notwithstanding two months have elapsed will go on now, although there seems but little of importance to add.

One clinical case of trachoma will serve to demonstrate the technique of the application of Metallic Electrolysis to that class of cases, although much improvement may be made upon the necessarily rude method employed. Dr. ———, Kansas, attending a course at the Post Graduate School, and suffering from an aggravated case of trachoma of many years standing, presented himself at the clinic for treatment on Wednesday, May 8th, but operation was deferred until Friday, May 10th, in order to enable the writer to make an electrode to suit the case.

The end of a piece of No. 18 copper wire about three inches in length was beaten upon an anvil until it measured in width one-fourth inch; after being smoothed on the flat surface and edges with a piece of fine emery cloth it very much resembled a small spade with the corners rounded off. The flattened end was then bent to an angle of about twenty degrees, and the electrode as completed was fastened in an ordinary needle holder. A small amount of a six per cent solution of cocaine was dropped into the eye and when anesthesia was complete, the lid was turned up, and the copper electrode attached to the positive pole was applied to the granulated surface, the circuit being closed by means of a hand sponge attached to the negative pole and within easy reach of the patient. A current of only three milliamperes was used

for ten minutes at the end of which time the mucous lining had assumed the pale green tint characteristic of the oxychloride of copper. To prevent the electrode from adhering to the mucous surface it was very slowly moved from one point to another, but without breaking the contact. The operation caused no pain.

The patient was present at the next clinic, Wednesday the 15th, and reported that the eye operated upon was about well, better than it had been in many years. The color of the membrane was nearly normal, and had every appearance of being, as the doctor had represented, nearly well. A second operation was prevented by the patient being called home and the case was lost sight of.

In the writer's judgment the copper electrode used in this case should have been covered with thin chamoise leather, for the double purpose of modulating the current and preventing the electrode from adhering to the membrane, the deposition of the salt of copper into the tissues being accomplished just as well through the chamois leather as from the bare copper electrode.

This is also true in other cases when using Metallic Electrolysis and, where practical, the electrode should be covered. In making vaginal application a piece of absorbent cotton, well wetted, placed around the electrode, expands the vaginal folds, presents a larger surface for the action of the current, robs it of its sharpness by decreasing its density and the results are equally as good if not better than when the bare metal is used.

In making a vaginal application with a copper electrode, in the manner just described, a curious fact will be observed, which it may be well to mention here.

After the passage of the current for the required length of time, the vaginal walls will have acquired the characteristic color of the salts of copper, while the wet cotton surrounding the electrode will be colorless; so do not conclude that the application has been a failure, because none of the copper salts had been left in the cotton. This

physical fact is easily explained, but it is not considered necessary to do so at present.

The case of lupus referred to in the May issue was not under the writer's care, although he suggested the treatment and received accurate reports from the attending physician. The patches were situated directly under each eye and were quite extensive. The copper electrode used in this case is shown in Fig. 1, and has much



FIGURE 1.

larger surface than the one used in the case of trachoma, but the sheet of copper composing the distal end is thin enough so that by using pressure it will have good contact on an uneven surface.

As the application in this instance was made to a part where the body fluids could not come in contact with the copper electrode, it became necessary to previously moisten the spot with salt water in order to supply the chlorine and thus facilitate the formation of the oxychloride of copper. A larger current than eight milliamperes could not be used on account of the close proximity to the brain, and the electro-sensibility of the patient; a larger amount of current causing him to become dizzy and see "flashes of light".

The seances were given every second day and continued for ten minutes each time, or until the external appearance indicated that a thorough application of the salt of copper had been made. The spots began to disappear after the third seance and continued to do so with each application, until at the end of the seventh, not a trace was left and they have shown no signs of recurrence at the end of four months.

As the existence of lupus is dependent upon the presence of the bacillus of tuberculosis, the value of the oxychloride of copper as a germ destroyer will be apparent; and the writer hopes at no distant day to

record equally good results in the treatment by this method of the tuberculous abscesses of Pott's disease.

6354 Maryland Ave.

We desire to thank the author for kindly complying with our suggestion. Often one knows a thing so well himself that he thinks it unnecessary to emphasize and re-explain a point.

The above suggestions, even if metallic electrolysis admitted of no wider application, are enough to interest every practitioner in its use; but the fact is its application is almost boundless in both the medical and surgical field. Skin diseases and perverted nutrition of all kinds depending on germ action, may yet be found to yield more promptly to this subtle agent reinforced by chemical decomposition than to any other measure.

We have just treated successfully an extensive case of lupus of some two years' standing, that had resisted, in the hands of other physicians, all forms of treatment that could be devised. All except a little in the winker margin under the eye yielded with astonishing rapidity. In this locality it was only controlled when the margin of the lid with its deep follicles was all destroyed. It seemed impossible to get at the bacilli in the bottom of these pockets. Let us have further reports on this subject.—Ed.

MEDICINE.

A monthly journal of medicine and surgery began its career in April. We have not seen a second number, but the first is neat and attractive. It is edited by Harold N. Moyer, an alienist of Chicago and an expert of much repute. From what we know of Moyer's work it is natural to infer that the journal will deal with the ultra in medicine and be of more interest to the specialist than the general practitioner.

The fact that it is published by Geo. S. Davis, is assurance that the mechanical part will be well attended to. Number one contains sixty-four pages of reading matter and nine of its eighteen advertising pages are occupied by Geo. S. Davis and Parke, Davis & Co. The subscription price is \$2.00. Address the publisher.

ABBOTT ALKALOIDAL CO.:—Buckley's Uterine Tonic pill and your Astringent and Antiseptic suppositories have had a remarkable curative effect thus far in cases where I have used them and I shall continue to prescribe them.

Frickville, Ky.

T. N. Willis, M. D.

MISCELLANEOUS.

Correspondence, Reprints, Etc.

THE METRIC SYSTEM.

EDITOR ALKALOIDAL CLINIC:

I like your little paper better than ever, but I should like to see one reform in it, though I fear I am in an almost hopeless minority; namely the substitution of the metric, for the old fashioned weights; or, at least, both systems might be used side by side.

It is a little irksome to teach oneself to use and to think in the new system, but its simplicity well repays the trouble. I practiced thirteen years using apothecary's weight, and I tell you that in practical convenience, and ease of calculation for prescription writing, the metric system is as much superior as are dollars and cents to the pounds, shillings and pence of colonial times. I was born and have lived twenty-five years in England, so have made both changes, and am in a position to know. The metric system is surely coming, why not be in the lead instead of lagging behind?

The metric system is especially suitable to alkaloidal work, because of the small doses used. It is much easier to think of one milligramme, half a milligramme, quarter milligramme, than gr. 1-67, gr. 1-134, gr. 1-250; and still more easy to calculate total daily amounts, etc. Another great advantage is, to be brought more in line with foreign workers in the same field, all of whom use the metric system.

Baldwinsville, N. Y. G. M. WASSE, M. D.

This letter came with the Doctor's article on typhoid fever, published in another department, and has been referred to in connection therewith. There is no doubt but that the change suggested will come, sooner or later, and the only reason we do not all approve of it is because we never take the time and pains to investigate. The ALKALOIDAL CLINIC must please its readers in this respect and while favoring the metric system and, in many instances, using both in comparison, it will be guided mainly by the wishes of its readers.—Ed.

ZINC AND CODEINE COMPOUND.

The usefulness of this preparation may be properly emphasized in this place. Its various ingredients have become well and widely known and, as a compound tablet, their usefulness is increased by the convenient form in which they are presented.

They find their place in every kind of gastro-intestinal irritation, accompanied by pain and diarrhea. Conditions are practically unknown that will not promptly yield to this remedy, provided that the canal has been cleared of decomposed material with a good flush of seidlitz salt, and sufficient has not already been absorbed to produce organic lesion. We suggest that you avail yourself of a sample as advertised on another page.

ANEMONIN.

EDITOR ALKALOIDAL CLINIC:

A word about this active principle of pulsatilla may be of help to your readers. It is peculiarly indicated in blonde, hysterical females who cry easily. They are generally of the lymphatic temperament; pupils dilating easily from brain anemia. It is a ganglionic sedative and does much good. It is useful to correct bland discharges which are usually present in females of this character and in stomach disorders, so called bilious conditions, especially from eating improper food. It is particularly helpful to correct disturbed emotions like those attending fright, and is useful in gouty and rheumatic diathesis. Next to the "Uterine Tonic" pill and gelseminine, it is the most important remedy perhaps of the whole materia medica for female complaints.

W. C. BUCKLEY, M. D.

723 Berks St., Philadelphia.

Unfortunately Dr. Buckley omits to give dosage in his informal letter, but one granule, gr. 1-67, grm. .001, may be given every two hours until effect or, in extreme cases where there is peculiar urgency, the time may be greatly shortened and the dose increased. We shall be pleased to hear from others as well as more from the Doctor, on this important subject.—Ed.

ASCITES.

EDITOR ALKALOIDAL CLINIC:

I wish to call your attention to a recent experience with arbutin, gr. 1-67, in the case of an old lady aged 79 with abdominal dropsy. She has obtained complete relief. With the arbutin I used strychnine arseniate and that is all. H. E. CLEMENT, M. D.
Glasgow, Ia.

Many of these cases are as often due to atonicity as to any lack in renal secretion. When this is the case, the combination of

the two drugs as used above is strongly indicated. The kidneys cannot act properly until due blood pressure is maintained.

In the use of arbutin small doses give the best results; five to fifteen grains, as recommended by some writers, is a dose out of all reason and one which will not produce the best effects of the drug.—Ed.

THE INJECTION TREATMENT OF REDUCIBLE HERNIA.

EDITOR ALKALOIDAL CLINIC:

The radical cure of reducible hernia by the injection method is now established beyond question. That there will be failures, must, however, be expected. Cases may be taken in the enthusiastic stage of experience that are unsuitable. Others may be improperly treated or a poor fluid may have been used. Still others will not continue under supervision a sufficient length of time to fully effect a cure. The first and second class one may and should be able to eliminate. The third class is a somewhat difficult one to deal with. I think that the better way to hold them to the end is to exact the full fee in advance; this ranges from \$25.00 to \$100.00, according to the case and the ability of the patient to pay.

Briefly stated, the technique of the operation is as follows: Place the patient on the operating table, cleanse the part thoroughly with some antiseptic solution and reduce the hernia if out; then invaginate the scrotum with an index finger and locate the external ring; place the finger of the free hand on the skin above the pubes over the external ring, withdraw the invaginating finger and, taking the syringe in the free hand, insert the trocar needle through the skin and fascia, well into the external ring. Again invaginate the scrotum and make sure you have entered the ring, if so, withdraw the invaginating finger, turn the canula down over the point of the needle, and gently follow up the inguinal canal to the inner ring. At that point (if mine be used) deposit from three to five minims of the fluid, wait one or two minutes and withdraw the instrument. One may in some cases follow the invaginating finger with trocar needle and pass directly into the canal through the scrotal wall.

With very sensitive patients, or with children, it will be better to use a small hypodermic needle and go through the skin and fascia a little obliquely, over the inner ring, and not attempt to follow the canal. In using a naked needle, great care should be exercised not to injure the cord. After passing through the skin, no pain will be experienced unless the cord be touched. If pain is complained of, withdraw the needle a little, change its direction and

proceed. Having, as nearly as your experience and judgment will determine, reached the inner ring, make the injection.

In operating upon femoral hernia, a small needle is preferable, and many good operators make the injection above Poupart's ligament rather than attempt to pass up the canal. I have abandoned the use of cocaine, as a rule, in these operations, but if it is used a little glonoin is added to the solution.

I receive a great many communications from the readers of the CLINIC and the above is in answer to such.

WM. H. WALLING, M. D.

1606 Green St., Philadelphia.

The above letter is given space with pleasure, recognizing the necessity of a clear understanding of the technique of operation in these cases. The three important points are, first to know how to operate, second to have the proper fluid and third to keep at it.—ED.

PLEASED WITH THE CLINIC AND ALKALOIDAL MEDICATION.

EDITOR ALKALOIDAL CLINIC:

In remitting \$1.00 as my subscription to the ALKALOIDAL CLINIC, which is inclosed herewith, I take the opportunity to write you a few lines personally to thank you for leading my professional steps into the paths of Dosimetry. I got my first granules, etc., from you about eighteen months ago, and to say I am charmed with results is to state the facts very mildly. Since thoroughly posting myself on the principles of the method, and intelligently practicing on the basis of treating conditions, not names, I can look back, I believe, with honest pride, and say that Dosimetry has not failed me in one single instance. I am enthusiastic in both praise and practice of the method and have made converts of every professional brother whom I have been able to persuade to give it a fair, honest and impartial trial. Drs. Warner and McCormick of this place, both CLINIC subscribers, and Dr. Warner's firm, "Warner & Co.," druggists here who handle the indispensable granules from the Abbott Alkaloidal Co., are among my converts.

Typhoid, of which we had almost an epidemic here last fall, lost its terror and was jugulated in its infancy in over one hundred cases by the Dosimetric remedies in our hands, and every day now brings with it fresh triumphs for "Le System de Burggræve."

I enclose my mite for the CLINIC for '95. Start me with this month's number and send premium case filled as described in your article in the January number. I agree with your numerous correspondents who say one number is worth a year's subscription. The CLINIC is an encyclopedia of reference to the

everyday practitioner. I am glad you intend giving us papers on Electro-Therapeutics, a department till now conspicuous by its absence in journals claiming to be practical. I use electricity largely and believe in it for I have tried and proven its value but still want all the light I can get on the subject.

Crothersville, Ind. ANDREW DRYBROUGH, M.D.

It is desirable to emphasize one point at least in connection with this article. The doctor says, "since thoroughly posting myself," etc. Many have the idea that they can practice alkaloidal medication without supplementing their knowledge and experience with the galenicals, by special preparation in this line, and attribute their failure to the drugs rather than to their own inability. This is obviously, to a thinking mind, a great mistake. To make a success, unless one has already had considerable experience and made a special study of some of the active principles, literature is indispensable. A few of the more important and best known principles should be obtained for educational purposes. After these have been studied and used, a few others should be added, and so one will gradually work up to a proper understanding of the rationale and technique of their use. The doctor is to be commended for the interest which he has taken in spreading the "good news." A word from a friend who has had experience, will do more toward influencing other physicians to make a trial of ways and means, than any amount of advertising on the part of the promoters thereof.

It is to be hoped that many others are also interested in the electro-therapeutic articles by Prof. Neiswanger. This is much-needed work and the CLINIC is fortunate in securing the services of this able man whose every word in this line is highest authority and may therefore be confidently relied upon.

GLONOIN.

EDITOR ALKALOIDAL CLINIC:

The CLINIC and premium case received and I am more than delighted with both.

I was called to the bedside of a lady, to-day, suffering with angina pectoris and laryngismus stridu-

lus, countenance contracted, and pulseless. I gave one granule of glonoin. What a change! Gave one more in thirty minutes with perfect relief to the patient and gratification to the family as well as myself. I believe glonoin is the best remedy we have for such disorders. I am so thankful to you for placing the granules in my hands. I cannot now get along without them. W. G. M., M. D.

Fla.

Glonoin stands among the more important remedies for the emergency case. It is too little known and too little used. When better known, it will not only be used as a quick heart stimulant but it will often take the place of the hypodermic of morphine for the relief of pain. Whenever pain is due to congestion, without pathological change, glonoin will often relieve more speedily than morphine and without any unpleasant after effects whatever. For all conditions requiring quick stimulation it stands first. It may be repeated every ten to fifteen minutes until fullness of the head indicates that nothing more can be gained by its use. This symptom will disappear in a few moments and if its use has been attended with relief, and the occasion returns, it may be repeated. It has not the slightest unpleasant after effect and may be used in all ages and all conditions except acute cerebral congestion.—Ed.

COMPLIMENTARY.

EDITOR ALKALOIDAL CLINIC:

The premium case came to hand in due time and is perfectly satisfactory. I have for several years used alkaloids in tablet triturates, which have been very convenient and efficient. It is now with pleasure that I anticipate going from tablets to granules.

I am pleased with the CLINIC; have read all the articles with interest. "Coughs and Colds," by Dr. Waugh in February and "Nuclein Medication," by Dr. John Aulde in the April CLINIC, are especially suggestive. In connection with this article by Dr. Aulde, I would suggest that readers of the CLINIC look up his article on "Diarrheal Diseases" read at the last meeting of the Penn. State Medical Society and published in their transactions.

Warren, Pa.

W. M. ROBERTSON, M. D.

If the doctor will kindly supply the CLINIC with a copy of the transaction above referred to, Aulde's article will be republished for the benefit of our readers, with

pleasure. Whatever he writes is worth hunting up and reading twice. If you are not a subscriber to his *American Therapist* you miss it. Write him at 1411 Walnut St., Philadelphia, for a sample copy and tell him Dr. Abbott advised you to.—Ed.

EMETINE.

EDITOR ALKALOIDAL CLINIC:

Last night I gave the last emetine granules I had to a patient who came up to the Mountains from San Francisco as she could not breathe there. For two nights she had coughed incessantly and was tired out.

About eight o'clock p. m. I gave her emetine, one every half hour until she slept, or her cough was relieved. When I saw her again she said, "I don't know what there is in those little things you left, but I went to sleep after taking three and slept all night. I don't want to be without them." We are three thousand feet above the sea and, as there were dry whistling rhales through the smaller bronchi, I gave the emetine, thinking it would cause moisture and it did.

I look for the "Clinic" and wish it came twice a month, yes every week.

MARY E. LITTLE, M. D.

Nevada City, Cal.

Emetine, as some may not know, is the name given two substances, one the alkaloid of ipecac, the other an alcoholic extract which corresponds to ipecac the same as ergotin corresponds to ergot. This extract is of course improperly called "emetine" but it is so firmly fixed in chemical literature, that for the present it is retained. The alkaloid is present in small quantity, therefore very expensive and does not represent all the desirable properties of the plant, more of them being contained in the alcoholic extract referred to. The standard granule of this is gr. 1-67, which fairly represents one grain of a good sample of powdered root. In small doses, like other preparations of the plant, it is expectorant, in large doses relaxant, and in still larger doses emetic. Ipecac and all its preparations are so much inferior to apomorphine and other emetics that its use as such may as well be lost sight of; its value as an expectorant and as a relaxant, in conditions like the above, is important.—Ed.

UTERINE FIBROID.

EDITOR ALKALOIDAL CLINIC:

I have two cases of uterine fibroid that it is impossible to enucleate after dilation. They are the worst I have ever seen. One case is complicated with a salpingitis. Please send me a box of Buckley's Uterine Tonic and a box of your Astringent and Antiseptic Suppositories. A poor chance for medicine you say? I would be glad of any suggestion. Will it do to use five grains of iodide of potassium as a suppository, along with the astringent tablets or can I use them alternately? I am hoping for absorption with small belief in it. A. R. CRAIG, M. D.

Mesa, Col.

Having supplied the Doctor as requested and suggested to him the use of ergotin, to limit the circulation in the uterus, we will leave the case open for suggestions from our readers. Please help the Doctor. Replies will be published in the August CLINIC.—Ed.

DR. LENNARD'S CASE.

Our readers will recall a peculiar case reported by Dr. Lennard some months since, the treatment of which has been quite extensively discussed in the CLINIC. The Doctor reports that the man is now up and although the ankle is not entirely well, is able to take a situation in the employ of the railroad company. The doctor attributes his success largely to suggestions received through the CLINIC.—Ed.

DR. FUNK'S CASE.

(May CLINIC.)

EDITOR ALKALOIDAL CLINIC:

In the case of G. H. Funk of Blue Ridge, Texas, would like to suggest that it would be a good thing if the case was examined during the time of the rectal hemorrhage, so as to observe whether the hemorrhage comes from the nodule described or not; also I would inquire whether she had the hemorrhage before the last miscarriage or labor. It may be there is a pouch or sack formed posterior to the uterus, with a fistula to the rectum, that fills up during the menstrual flow and gradually empties itself, by the irritation it causes to the rectum producing the diarrhea, and that the blood comes from the fistulous opening. I don't think it a case of malignant disease of the rectum but one relating to surgery only. Have had a case very much like it and by an operation made a complete cure. The treatment suggested by the editor is good but I would suggest as

a palliative the following: three granules of nuclein with one of arseniate of iron and two of strychnine sulphate every two hours. The strychnine is a better heart-tonic than digitalin and I do not think the ergotin is needed. There is nothing in the case to suggest the contraction of muscular fibres.

The patient, from the description given, would stand an operation very well if the anesthetic was carefully given. Would like to hear further from the case if the Doctor can inform us.

ROBT. G. MARRINER, M. D.

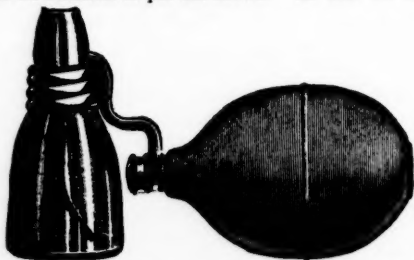
3607 Ellis Ave., Chicago.

Nasal Catarrh

is readily relieved and cured by means of proper treatment, local and general. The best all around atomizer we know of is shown here. All pipes are



hard rubber and bulb and connections first class. They are in daily use in our office and we will send one postpaid to any address, for \$1.25. With this we will send ten "menthol compound" tablets. For cleaning purposes we consider this one of the best sprays. One tablet makes four ounces of solution. Following the cleansing spray or douche, we are in the habit of using, and with the best of success, an oil atomizer as per cut shown. In this we use



various compounds upon a liquid petroleum basis. We will send an oil atomizer and one ounce of an ideal solution by mail postpaid on receipt of \$1.50. With these preparations and rational, simple hygienic treatment of a general character, we are constantly modifying and curing naso-pharyngeal catarrh, quickly, pleasantly and surely. Don't forget however, that the cause must first be removed.

THE ABBOTT ALKALOIDAL CO.,

RAVENSWOOD, CHICAGO, ILL.